

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097856022

FILING DATE

16 MAY 2001

APPLICANT(S)

Barre

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
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49							
50							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51			52			53		
54			55			56		
57			58			59		
60			61			62		
63			64			65		
66			67			68		
69			70			71		
72			73			74		
75			76			77		
78			79			80		
81			82			83		
84			85			86		
87			88			89		
90			91			92		
93			94			95		
96			97			98		
99			100					
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								